## CITY OF STOCKTON COMMUNITY CENTER RENTAL GUIDE AND APPLICATION

## **Community Center Rental Application** Application Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_ Email: **Private Party Event** Event Type: Requested Event Date(s): Expected # of Attendees: (Birthdays, Anniversaries, etc.) **Facility and Times** Facility Requested: Room(s) Requested: Rental Start Time: **Event Start Time: Event End Time:** Rental Completion Time: Kitchen Use (Storage Only): $\square$ Yes $\square$ No Time of Use: Bounce House: Yes □ No □ **Rental Details** Is there an admission or entry fee? $\square$ Yes $\square$ No If yes, what is the ticket fee? Will there be tickets sold prior to the day of the event? $\square$ Yes $\square$ No List all vendors selling tickets: Will the event be advertised? $\Box$ Yes $\overline{\Box}$ No List types of advertising: **Music and Entertainment** Will there be entertainment? ☐ Yes ☐ No If yes, please describe: Name of hired musician(s): Phone number: Address: Name of hired entertainment: Phone number: Address: Will there be dancing: \* Submit any additional hired musicians/entertainers on a separate piece of paper. **Vendor Information** Will there be food vendors, decorators, profession party/event planners, or caterers used? ☐ Yes ☐ No Name of hired vendors: Phone number: Address: Name of merchants/concessionaires: Phone number: Address:

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k	Submit any	/ additional	vendors	on a s	eparate	piece of	paper.

Sign

**Disclosure:** This rental application is only a request for a reservation. Acceptance of this application will be decided upon by Community Center staff. A request for reservation cannot be made without submitting a completed application and the required refundable deposit. By signing this form, it is understood that you are obligated to provide all required fees and documents as set forth by the City of Stockton (i.e., insurance requirements, security, payments.). Only those suppliers, entertainers, and vendors listed on this application, or amended application within 20 days, will be allowed on Community Center property during the rental. All documents and payments must be submitted at least 45 days prior to the rental or your reservation is subject to cancellation due to non-compliance. Cancellation fees will apply. The contact name listed below will be the sole contact for all matters regarding the event. The party's sole contact will work directly with Community Center staff assigned to each facility. The liable party will be responsible for all signed documents and fees required, and must be on site for the duration of the rental. If you do not list a contact name, the liable party will be listed for all matters.

**Responsible Party Information** 

	(Must be in attendance t	for the duration of the rental)				
Name:		Day Phone:				
Address:		Evening Phone:				
City:	Zip:	Email:				
	Additional Co	ontact Information				
Name:		Day Phone:				
Address:		Evening Phone:				
City:	Zip:	Email:				
employees, agents, and cor connection with, my rental o promoter/organizer or City of to rent this property, I here indemnify and hold harmles connection with my use of the I understand that by	ntractors for any injury or of f this property from whatever or any other participant in by agree, for myself, my as the City from any and his property. This form will	arge and agree not to sue the City of Stockton, its officers, damage to or loss of personal property arising out of, or in ver cause, including the active or passive negligence of the the within the facility. In consideration for being permitted heirs, administrators, executors and assigns, that I shall all claims, demands, actions or suits arising out of or in I act as a medical release in the case of an emergency.  It I am giving consent for images of myself and event to be by the City of Stockton.				
I have carefully read am aware that this function.  Initials  I have carefully read am aware that this function.	I have carefully read this release, hold harmless and agree not to sue and fully understand it contents. I am aware that this form is a full release of all liabilities and signed by my own free will.  I have carefully read the information and agree to abide by the rules and guidelines found in the inmunity Center Rental Guide before, during, and after the rental.					
Name (please print)						
If representing an organiz	ation:					
Name of organization		Title				

Date